**PURPOSE**

To provide guidelines to reduce the risk of occupational exposure to mycobacterium tuberculosis (TB).

**POLICY**

Ohio Living Home Health & Hospice will minimize the occupational exposure to TB through the development of a TB exposure plan, organization personnel education, and implementation of this plan. A risk assessment to evaluate the risk of transmission of mycobacterium tuberculosis will be conducted in the geographic service area and the types of care and services provided. Ohio Living Home Health & Hospice will reassess the risk of transmission of TB to evaluate the effectiveness of the TB exposure plan. The risk assessment will include consideration of local and state regulations regarding Tuberculin Skin Tests (TSTs) for employees.

An occupational exposure to TB will be defined as face-to-face contact for more than ten (10) minutes or being in the same room with a patient having active pulmonary or laryngeal TB for more than 30 minutes without the use of a mask. Any employee who may encounter these conditions during the performance of his/her assigned duties is considered to be at risk.

**PROCEDURE**

1. Patients will be assessed on admission for high-risk categories or conditions, and signs and symptoms of TB.
2. Any patient who is considered high-risk and has exhibited a cough and at least one (1) other symptom will be identified as a potential TB patient.
3. For patients with signs/symptoms suggestive of TB (persistent cough longer than two (2) weeks' duration, bloody sputum, night sweats, weight loss, anorexia, fever), respiratory precautions will be applied as part of the initial assessment and care/service planning process.
   * 1. The attending physician will be contacted for an order to perform a TST (with patient permission).
4. The nurse, other ordered disciplines and patient will wear Particulate Respirator N95 during the visit. Family members/caregivers will be provided N95 masks and encouraged to wear them.
5. If a patient has been diagnosed with TB, the patient may be

* Continued on service if current patient,
* Or accepted onto service if a new patient
* And visit frequencies will be on hold until:

1. A confirmed follow-up appointment with a licensed physician has been arranged
2. They have been on the TB medication regimen for 1 week or longer
3. A registered nurse or respiratory therapist is assigned to coordinate the care/service
4. Patients should not be sent home if there are persons in the household who are at high-risk of active TB transmission (i.e., HIV, immunocompromised patients, or children younger than five (5) years old).
5. Personnel will wear a Particulate Respirator N95 mask when entering the home of a patient with suspected TB.
6. The patient will wear a Particulate Respirator N95 mask during the care visit.
7. All personnel will receive training/education upon hire, and annually thereafter. The education will include:
8. Basic concepts of TB transmission, pathogenesis, diagnosis, the difference between the signs and symptoms of latent and active TB
9. Potential for occupational exposure
10. Principles of infection control to reduce risk of transmission
11. Purpose of tuberculin skin testing
12. Principles of preventative therapy for latent infection
13. Principles of drug therapy
14. Individual responsibility
15. Responsibility of organization
16. A two (2)-step Mantoux tuberculin skin test will be given to all personnel upon hire, if no TST has been performed within 12 months of hire date.
17. Subsequently, all personnel will be tested for TB according to the risk assessment identification for which personnel have potential exposure to TB.
    * 1. In accordance with the CDC guidelines, an annual risk assessment will be completed to determine the recommended frequency of screening for healthcare workers.
         1. Risk Definitions
            1. Low-Risk: ≤ 3 TB patients per year
            2. Medium Risk: ≥ 3 TB patients per year
18. The testing results, documentation and record keeping of TSTs will be kept in the employee’s personnel record in a separate medical file.
19. Annually, all Home Health and Hospice direct care employees/contracted employees, and identified others, such as marketing, should be screened for tuberculosis during a written screening tool. The completed screening tool will be placed in their personnel file.
20. When TB exposure is known or thought to have occurred, a TST will be administered to the individual as soon as possible. This test will serve as a baseline reading. Personnel known to have a significant reaction to Mantoux TST positive should not be retested.
21. A second TST will be administered 12 weeks post-exposure to determine if infection has occurred. If this TST is negative, no further testing is necessary.
22. TST converters will be sent to an occupational health provider, the employee’s personal physician, or to the county health department for further interpretation and follow-up. Antimicrobial prophylaxis may be indicated.
23. All TST converters must have a chest x-ray to determine possible presence of active pulmonary TB. To detect the existence of extrapulmonary TB, additional physical assessment and testing may be necessary.
24. Work restriction will not be initiated if the employee is asymptomatic.
25. When active disease is present, the individual will be restricted from work assignments until antimicrobial prophylaxis has been initiated and there are three (3) negative AFB smears obtained on different days.

For more information: Visit <https://www.cdc.gov/tb/default.htm>